

RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
TC/ART UNIT 2177

01311.001300

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Mohammad Ali
RICHARD REISMAN)	
	:	TC/Art Unit: 2177
Application No.: 09/651,243)	
	:	
Filed: August 30, 2000)	
	:	
For: TASK/DOMAIN SEGMENTATION)	
IN APPLYING FEEDBACK TO	:	
COMMAND CONTROL)	January 29, 2004

13/B
Fee -

Commissioner for Patents
Mail Stop: AF
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION AND PETITION FOR EXTENSION OF TIME

Sir:

A Notice of Appeal was filed in this application on November 28, 2003.

Applicant petitions to extend the time for filing a Brief for one month, from January 28, 2004, to February 28, 2004. A check in the amount of \$55.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, or credit any overpayment, to Deposit Account 06-1205.

In response to the Office Action dated May 29, 2003, the Examiner is respectfully requested to amend the claims as indicated in the listing that begins on page 2, and to consider the remarks that begin on page 15 and the Statement Of Substance Of Interview on page 22.

In re Application of:

Docket No. 01311.001300

RICHARD REISMAN

Application No.: 09/651,243

Examiner: Mohammad Ali

Filed: August 30, 2000

TC/Art Unit: 2177

For: TASK/DOMAIN SEGMENTATION IN
APPLYING FEEDBACK TO COMMAND CONTROL

Date: January 29, 2004

COMMISSIONER FOR PATENTS

Mail Stop: AF

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 41	MINUS	** 38	= 3	x \$9 \$18	\$27.00
INDEP. CLAIMS	* 6	MINUS	*** 7	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$27.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$27.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

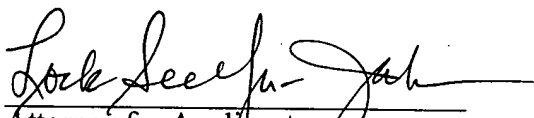
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$55.00 to cover the fee for a one-month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
LOCK SEE YU-JAHNBS
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

NY_MAIN 403747v1

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date 01 / 30 / 04
Mo. Day Yr.
Atty. Docket 01311.001300
Application No. 09/651,243

Sir: Kindly acknowledge receipt of the accompanying:

- ☒ Response to Official Action. dated 05/29/03; Notice of Appeal filed 11/28/03
☒ Check for \$ 27.00 (claims fee)
☒ Petition under 37 CFR 1.136 and Check for \$ 55.00
☐ Notice of Appeal and Check for \$ _____ documents
☐ Information Disclosure Statement, PTO-1449 and _____ priority applications
☐ Claim for priority and certified copies of _____
☐ Issue fee transmittal and Check for \$ _____
☒ Other (specify) transmittal letter (in duplicate)
by placing your receiving date stamp hereon and returning to deliverer.

Atty. LS/J for DS

Due Date 02 / 28 / 04
Mo. Day Yr.

B/HAND

FORM-D-00